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## BIB DATA SHEET

CONFIRMATION NO. 4469

<b>SERIAL NUMBER</b> 10/807,979	<b>FILING or 371(c) DATE</b> 03/24/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> BIO-5044	
<b>APPLICANTS</b> Assaf Govari, Haifa, ISRAEL; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/04/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /MICHAEL F PEEFFLEY/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance <b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> PHILIP S. JOHNSON JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003 UNITED STATES					
<b>TITLE</b> Phased-array for tissue treatment					
<b>FILING FEE RECEIVED</b> 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		